NEW	BILL		CADET	MISSION		der the Appropriate Use Category)	ENDING
USER	то	ADMIN	ACTIVITIES	SUPPORT	OTHER	OTHER DESCRIPTION OR MISSION #	ODOMETER
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
TOTAL							

MONT	H / YEAR	BEGINNING OF MONT	BEGINNING OF MONTH ODOMETER READING		
WING / REGION		CHARTER			
VEHICLE IDENTIFICATION NO. (VIN)		YEAR OF VEHICLE			
VEHIC	CLE MAKE:	VEHICLE MODEL	FIELD ID NO.		
		E CHECKED DAILY	nection		
1	(operators's signature required on inside page to verify inspection REGISTRATION / PROOF OF INSURANCE				
2	FIRE EXTINGUISHER / FIRST AID KIT				
3	DAMAGE (exterior and interior, missing parts)				
4	TIRES (visually check for damage/abnormalities)				
5	ENGINE OIL AND COOLANT(visually check fluid levels)				
6	BATTERY CONDITION				
7	LEAKS (visually check fuel / oil / coolant)				
8	DRIVE BELTS / HOSES (visually check for fraying or cracking)				
9	LIGHTS (visually check for proper operation)				
10	BACK UP ALARM / EMERGENCY FLASHERS (functionally check proper				
11	SAFETY DEVICES (seatbelts/harnesses/headrests, etc.)				
12	INSTRUMENTS / HORN (functionally check proper operation)				
13	WINDSHIELD WIPERS /WASHER (functionally check proper operation / condition)				
14	BRAKES / STEERING (functionally check responsive / effective / smooth)				
15	MIRRORS(rearview/side)				
16	EXHAUST SYSTEM				
17	WINDOWS (functionally check proper operation)				
18	RADIO MOUNTS (CAPadded equipment)				
19	CURRENT STATE INSPECTION STICKER (if applicable)				
20	TIRE PRESSURE (checked monthly requires signature and date below)				

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	VEHICLE OPERATOR DISCREPANCY REP	ORT
ITEM NO.	DISCREPANCY	DATE FOUND

OPERATOR'S SIGNATURE (SIGNATURE SIGNIFIES ACCOMPLISHMENT OF INSPECTION)					
DAY	SIGNATURE	DAY	SIGNATURE		
1		17			
2		18			
3		19			
4		20			
5		21			
6		22			
7		23			
8		24			
9		25			
10		26			
11		27			
12		28			
13		29			
14		30			
15		31			
16					

ADDITIONAL COMMENTS				